

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2007

through

09

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

10

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		365524.77
(b) Cash on Hand at Beginning of Reporting Period	474136.83	
(c) Total Receipts (from Line 19)	27067.63	632518.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	501204.46	998043.15
7. Total Disbursements (from Line 31)	109800.99	606639.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	391403.47	391403.47
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	23123.01	537486.79
(i) Itemized (use Schedule A)		
(ii) Unitemized	2732.50	85311.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	25855.51	622798.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	25855.51	622798.67
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1212.12	9719.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27067.63	632518.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27067.63	632518.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109000.00	591000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	800.99	11711.68
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	109800.99	606639.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	109800.99	606639.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	25855.51	622798.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25855.51	622798.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3928.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 62

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Daniel Schwartzberg

Mailing Address 1250 McLynn Ave NE

City State Zip Code
Atlanta GA 30306-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Baptist Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 0 7

Transaction ID: 21400461

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
DR John Carlson

Mailing Address 1723 Meadowlark Rd

City State Zip Code
Wyomissing PA 19610-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Reading Radiology As-
soc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 0 7

Transaction ID: 21400462

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DR Karen Goodhope

Mailing Address 43 Aberdeen PI

City State Zip Code
Saint Louis MO 63105-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 0 7

Transaction ID: 21400469

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Mark Fritze

Mailing Address 804 Bramerton St

City State Zip Code
 Andover KS 67002-9241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Imaging Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: 21401712

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Werner Rosshirt

Mailing Address Jefferson X-Ray Group Inc
 85 Seymour St Ste 200

City State Zip Code
 Hartford CT 06106-5501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson X-Ray Group Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: 21401713

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Milton Van Hise

Mailing Address 16108 79th Ave SE

City State Zip Code
 Snohomish WA 98296-8618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 2 / 2 0 0 7

Transaction ID: 21421568

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Paul Leslie

Mailing Address 260 Eshelman Rd

City State Zip Code
 Lancaster PA 17601-5645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 2 / 2 0 0 7

Transaction ID: 21421569

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

DR David Westman

Mailing Address 3849 112th Ave NE

City State Zip Code
 Bellevue WA 98004-7657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia

Occupation
NeuroRadiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526843

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Albert S. Alexander

Mailing Address 3612 Foxcroft Rd

City State Zip Code
 Little Rock AR 72227-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526847

Amount of Each Receipt this Period

444.00

SUBTOTAL of Receipts This Page (optional)

2444.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jodi Barboza

Mailing Address 111 Courts Ln

City State Zip Code
 Little Rock AR 72223-9018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526848

Amount of Each Receipt this Period

444.00

B. Full Name (Last, First, Middle Initial)

DR Benjamin Bartnicke

Mailing Address 10 Chambord Ln

City State Zip Code
 Little Rock AR 72223-5945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526849

Amount of Each Receipt this Period

444.00

C. Full Name (Last, First, Middle Initial)

DR Steven Dunnagan

Mailing Address 150 Hickory Creek Cir

City State Zip Code
 Little Rock AR 72212-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526850

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1288.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Andrew Getzoff

Mailing Address 4422 Kenyon Dr

City State Zip Code
 Little Rock AR 72205-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526853

Amount of Each Receipt this Period

444.00

Full Name (Last, First, Middle Initial)

B. DR John K. Hedgecock

Mailing Address 2803 Red Fox Rdg

City State Zip Code
 Bentonville AR 72712-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526855

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Melanie Hoover

Mailing Address Radiology Associates PA
 500 S University Ave Ste 101

City State Zip Code
 Little Rock AR 72205-5314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526857

Amount of Each Receipt this Period

336.00

SUBTOTAL of Receipts This Page (optional)

1280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Dale Johnston		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address Radiology Associates PA 500 S University Ave Ste 101		Transaction ID: 21526858 Amount of Each Receipt this Period 500.00
City Little Rock	State AR Zip Code 72205-5314	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) DR James McDonald		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 12 Sherrill Rd		Transaction ID: 21526859 Amount of Each Receipt this Period 444.00
City Little Rock	State AR Zip Code 72202-1516	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.00	

C. Full Name (Last, First, Middle Initial) DR John Meadors		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address Radiology Associates 500 S University Ave Ste 101		Transaction ID: 21526860 Amount of Each Receipt this Period 400.00
City Little Rock	State AR Zip Code 72205-5314	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)

1344.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Terrence Oddson
Mailing Address 10780 Rivercrest Dr

City State Zip Code
Little Rock AR 72212-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526861

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)
DR Rogerich Paylor
Mailing Address 6 Aldridge Ct

City State Zip Code
Little Rock AR 72223-9023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526862

Amount of Each Receipt this Period

388.50

C. Full Name (Last, First, Middle Initial)
DR Jonathan Perry
Mailing Address 27 Margeaux Dr

City State Zip Code
Little Rock AR 72223-8906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526863

Amount of Each Receipt this Period

444.00

SUBTOTAL of Receipts This Page (optional)

1232.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Gordon Schally

Mailing Address 623 Miller Cv

City	State	Zip Code
Benton	AR	72015-2399

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Associates, P.A.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	7

Transaction ID: 21526865

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Rajesh Sethi

Mailing Address 13500 Chenal Pkwy Apt 1712

City	State	Zip Code
Little Rock	AR	72211-5322

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Associates, P.A.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	7

Transaction ID: 21526866

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. DR Kathleen SitarikMailing Address Radiology Associates PA
500 S University Ave Ste 600

City	State	Zip Code
Little Rock	AR	72205-5302

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Associates PAOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	7

Transaction ID: 21526867

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Shannon Turner

Mailing Address 40 Bellegarde Dr

City State Zip Code
Little Rock AR 72223-9185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526868

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

DR Charles Jeffery

Mailing Address Radiology Associates PA
500 S University Ave Ste 600

City State Zip Code
Little Rock AR 72205-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: 21526869

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)

DR Michael Chaliff

Mailing Address 195 Grogans Lake Point

City State Zip Code
Atlanta GA 30350-3118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Special-
ists, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21528161

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Salil Parikh
Mailing Address 9477 Johnson Rd Ext

City State Zip Code
Germantown TN 38139-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc of Ocala

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21528162

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Bruce Arose
Mailing Address 11 Windsor Court

City State Zip Code
Farmington CT 06032-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21528163

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Robert Harris
Mailing Address 35 Goodfellow Rd

City State Zip Code
Hanover NH 03755-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dartmouth-Hitchcock Med
Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21528165

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Michael Soehnlen

Mailing Address 18882 Withrich Rd

City State Zip Code
Dalton OH 44618-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Canton

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21528188

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Richard Rossin

Mailing Address 11178 Montaubon Way

City State Zip Code
San Diego CA 92131-3678

FEC ID number of contributing
federal political committee.

C

Name of Employer
MBER Enterprises, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21528189

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Frederick Conard, III

Mailing Address 22 Sunset Farm Rd

City State Zip Code
West Hartford CT 06107-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21528190

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Thomas Poulton		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 7	
Mailing Address Aultman Hospital 2600 6th St SW		Transaction ID: 21528191	
City Canton	State OH	Zip Code 44710-1799	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Aultman Hospital	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
B. Full Name (Last, First, Middle Initial) DR Charles Williams, III		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 7	
Mailing Address 2117 Cleveland Street Ext		Transaction ID: 21531864	
City Greenville	State SC	Zip Code 29607-3649	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greenville Radiology, PA	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
C. Full Name (Last, First, Middle Initial) DR Bradford Richmond		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 7	
Mailing Address Cleveland Clinic Foundation 9500 Euclid Ave		Transaction ID: 21531865	
City Cleveland	State OH	Zip Code 44195-5021	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cleveland Clinic Foundati- on	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Murray Becker

Mailing Address 56 Independence Dr

City

East Brunswick

State

NJ

Zip Code

08816-3286

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia-Presbyterian Med
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531866

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DR Andrew Beloni

Mailing Address 5624 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531867

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. DR David Buck

Mailing Address 144 Penhurst Dr

City

Pittsburgh

State

PA

Zip Code

15235-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensburg X-Ray Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.10

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531879

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

105.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Gary Geil

Mailing Address Heritage Medical Bldg
1100 N Tustin Ave

City State Zip Code
Santa Ana CA 92705-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531881

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Stephen Agatston

Mailing Address 3206 Saint Johns Dr

City State Zip Code
Dallas TX 75205-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531882

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR Kent Lancaster

Mailing Address Radiology Associates of Berrien
416 State St Ste A

City State Zip Code
Saint Joseph MI 49085-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Berrie

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531883

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic
1900 South Ave

City State Zip Code
La Crosse WI 54601-5494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531885

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. DR Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531886

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Douglas Picton

Mailing Address 1911 NC Highway 121

City State Zip Code
Greenville NC 27834-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531887

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

181.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City State Zip Code
 Greenville NC 27858-8441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531890

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code
 Yardley PA 19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531891

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Michael Tripp

Mailing Address 751 Lexington Dr

City State Zip Code
 Greenville NC 27834-0508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531892

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Eric M. Martin

Mailing Address 1818 Bloomsbury Rd

City State Zip Code
 Greenville NC 27858-9612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531893

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Roger Vithalani

Mailing Address 516 Chesapeake Place

City State Zip Code
 Greenville NC 27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531894

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Jeffrey Mewborne

Mailing Address 1702 S Thames Ct

City State Zip Code
 Greenville NC 27858-8130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531895

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 23 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Randall Stickney

Mailing Address 10620 S 77th East Ave

City State Zip Code
Tulsa OK 74133-6837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma State Rad Society

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531897

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. DR James Eisenberg

Mailing Address The Defiance Clinic
1400 E 2nd St

City State Zip Code
Defiance OH 43512-2494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Defiance Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531898

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code
Lincoln MA 01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531899

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

208.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Jorge Albin

Mailing Address 645 Mulberry Ln

City State Zip Code
Bellaire TX 77401-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531901

Amount of Each Receipt this Period

41.67

B. Full Name (Last, First, Middle Initial)
DR Joseph Lurito

Mailing Address Eastern Radiologists
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531902

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
DR H E. Longmaid, III

Mailing Address 52 Harwich Rd

City State Zip Code
Chestnut Hill MA 02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.35

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531903

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

133.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Demetrius Morros
 Mailing Address 1045 Lake Colony Ln

City State Zip Code
 Birmingham AL 35242-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Birmingham Radiological
 Group P.C.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531904

Amount of Each Receipt this Period

83.34

B. Full Name (Last, First, Middle Initial)
 DR Glenn Hananouchi
 Mailing Address 1545 E La Quinta Dr

City State Zip Code
 Fresno CA 93730-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sierra Imaging Associates

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531919

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
 DR Steven Leibel
 Mailing Address 19 Woodleaf Ave

City State Zip Code
 Redwood City CA 94061-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Stanford University

Occupation
 Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531920

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

143.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Kevin O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 7
Mailing Address St Johns Macomb Hospital 11800 E 12 Mile Rd		Transaction ID: 21531921
City Warren State MI Zip Code 48093-3494	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Diagnostic Radiology Consultants, PC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B. Full Name (Last, First, Middle Initial) DR Rita Freimanis		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 7
Mailing Address Wake Forest Univ Sch of Medicine Medical Center Blvd		Transaction ID: 21531924
City Winston Salem State NC Zip Code 27157-1088	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Forest Univ Sch of Medicine	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C. Full Name (Last, First, Middle Initial) DR Michael Lavelle		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 7
Mailing Address 12103 Woodcliff Ln		Transaction ID: 21531925
City Charlotte State NC Zip Code 28277-3033	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code
 Charlotte NC 28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531926

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DR Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City State Zip Code
 Wall Township NJ 07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531927

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Joel Swartz

Mailing Address 1210 Page Ter

City State Zip Code
 Villanova PA 19085-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: 21531928

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Richard Grzybowski

Mailing Address 6893 S Netherland Way

City State Zip Code
Aurora CO 80016-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kolam and Associates, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Transaction ID: 21532919

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. DR George Lyons

Mailing Address 2831 E 28th St

City State Zip Code
Tulsa OK 74114-5713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Tulsa

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Transaction ID: 21532920

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Penni Barrett

Mailing Address 5028 E 84th St

City State Zip Code
Tulsa OK 74137-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Tulsa

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: 21546034

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR W Jordan Taylor

Mailing Address 1231 E 21st PI

City State Zip Code
Tulsa OK 74114-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Tulsa

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: 21546035

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

DR Michael Clouser

Mailing Address 5727 East 104th Place

City State Zip Code
Tulsa OK 74137-7036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Tulsa

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: 21546036

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rriitt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 21574894

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
 Bethesda MD 20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: 21574896

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Michael Bleshman

Mailing Address 417 Lindy Ln

City State Zip Code
 Bala Cynwyd PA 19004-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 7

Transaction ID: 21639658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Susan Edwards

Mailing Address 13101 Waterrock Ln

City State Zip Code
 Arcadia OK 73007-7631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743303

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2790.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Bibb Allen, JR

Mailing Address 2000A Southbridge Pkwy Ste 300

City	State	Zip Code
Birmingham	AL	35209-1327

FEC ID number of contributing
federal political committee.**C**Name of Employer
Montclair Baptist Medical
CenterOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: 21743463

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Kevin SmithMailing Address Regional Diagnostic Radiology
1406 6th Ave N

City	State	Zip Code
Saint Cloud	MN	56303-1900

FEC ID number of contributing
federal political committee.**C**Name of Employer
Regional Diagnostic Radio-
logyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: 21743465

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. DR Marcela Bohm-VelezMailing Address Weinstein Imaging Associates
5850 Centre Ave

City	State	Zip Code
Pittsburgh	PA	15206-3780

FEC ID number of contributing
federal political committee.**C**Name of Employer
Weinstein Imaging Associa-
tesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: 21743616

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

541.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Raja Cheruvu
Mailing Address 165 Via Foresta Ln

City State Zip Code
 Williamsville NY 14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743617

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
DR Michael Brannon
Mailing Address 7 Foxglove Ct

City State Zip Code
 Greenville SC 29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743619

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)
DR Elizabeth D'Angelo
Mailing Address 108 Bur Ben Ln

City State Zip Code
 New Bern NC 28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743620

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Bruce Schroeder

Mailing Address 738 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743623

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Kerry Chandler

Mailing Address 4100 Mullcroft Pl

City

Fuquay Varina

State

NC

Zip Code

27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743624

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR James Hiken

Mailing Address 7109 Cove Pointe Pl

City

Prospect

State

KY

Zip Code

40059-9680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diag. Imaging Alliance of
Louisville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743625

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Edward Sullivan, III Mailing Address Radiology Assoc of Birmingham 2090 Columbiana Rd Ste 4400 City Birmingham State AL Zip Code 35216-2153 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: 21743626 Amount of Each Receipt this Period 40.00
Name of Employer Radiology Associates of Birmingham Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 360.00		
B. Full Name (Last, First, Middle Initial) DR Stuart Moses Mailing Address 14 Timber Dr City North Caldwell State NJ Zip Code 07006-4406 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: 21743627 Amount of Each Receipt this Period 40.00
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 360.00		
C. Full Name (Last, First, Middle Initial) DR Gustavo Villarreal, JR Mailing Address 261 Stone Creek Cir City Mc Gregor State TX Zip Code 76657-3943 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: 21743628 Amount of Each Receipt this Period 30.42
Name of Employer Waco Radiological Clinic PA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 273.78		

SUBTOTAL of Receipts This Page (optional)

110.42

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Robert Newman
Mailing Address 913 Southview PI NE

City State Zip Code
Lenoir NC 28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: 21743630

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
DR Mary Pomeroy
Mailing Address 2625 Rolling Hills Dr

City State Zip Code
Monroe NC 28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: 21743631

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)
DR Richard Redvanly
Mailing Address 4315 Gosford PI

City State Zip Code
Charlotte NC 28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: 21743632

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Deborah Agisim
 Mailing Address 5600 Laurium Rd

City State Zip Code
 Charlotte NC 28226-5610

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743634

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
 DR Amy Sobel
 Mailing Address 11104 Creek Point Dr

City State Zip Code
 Matthews NC 28105-7702

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743635

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
 DR Alfred Mansour, JR
 Mailing Address Central LA Imaging Inc
 3704 North Blvd Ste A

City State Zip Code
 Alexandria LA 71301-3606

FEC ID number of contributing federal political committee.

C

Name of Employer
Central LA Imaging Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743637

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

148.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Varian C. Scott, III		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address Radiology Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 21743638	
City Birmingham State AL Zip Code 35216-2152		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Assoc of Birmingham Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	
B. Full Name (Last, First, Middle Initial) DR Jeffrey Magnuson		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 3493 Siems Ct		Transaction ID: 21743639	
City Arden Hills State MN Zip Code 55112-3639		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Paul Radiology, P.A. Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	
C. Full Name (Last, First, Middle Initial) DR Joel Wissing		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 21743640	
City Charlotte State NC Zip Code 28236-6937		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Gerald Dodd, III Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr City San Antonio State TX Zip Code 78229-3901 FEC ID number of contributing federal political committee. C Name of Employer Univ of Texas Hlth Sci Ctr Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: 21743642 Amount of Each Receipt this Period 83.34
B. Full Name (Last, First, Middle Initial) DR Mark Alson Mailing Address 6641 N Forkner Ave City Fresno State CA Zip Code 93711-1326 FEC ID number of contributing federal political committee. C Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: 21743643 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) DR William Way, JR Mailing Address 7713 Oakmont PI City Raleigh State NC Zip Code 27615-5492 FEC ID number of contributing federal political committee. C Name of Employer Wake Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: 21743644 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)

173.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Fred Lassiter		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 21743645	
City Charlotte	State NC	Zip Code 28236-6937	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		
B. Full Name (Last, First, Middle Initial) DR Daniel Schwarz		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 21743647	
City Charlotte	State NC	Zip Code 28236-6937	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		
C. Full Name (Last, First, Middle Initial) DR Dale Shaw		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 3601 Sharon Rd		Transaction ID: 21743649	
City Charlotte	State NC	Zip Code 28211-3325	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		
SUBTOTAL of Receipts This Page (optional)		126.00	
TOTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Jugesh Cheema
 Mailing Address 4333 Bell Rd Unit 1514

City State Zip Code
 Newburgh IN 47630-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Center of Delaware

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743650

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
 DR Susan Mulligan
 Mailing Address 1088 Lullwater Rd NE

City State Zip Code
 Atlanta GA 30307-1244

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiology Associates of
 Birmingham

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743651

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
 DR Ira Adler
 Mailing Address 1811 Bloomsbury Rd

City State Zip Code
 Greenville NC 27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Eastern Radiologists

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743652

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Arthur Sandy

Mailing Address 2821 Argyle Rd

City

Birmingham

State

AL

Zip Code

35213-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Imaging Assoc of
AL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21743653

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. DR Roger Thomas

Mailing Address 1636 Anita Ln

City

Newport Beach

State

CA

Zip Code

92660-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21747395

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. DR Kay Lozano

Mailing Address 8100 E Union Ave Apt 2104

City

Denver

State

CO

Zip Code

80237-2979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Imaging Associa-
tion

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21747396

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

172.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John Rogers

Mailing Address 802 West Gap Creek Road

City State Zip Code
 Greer SC 29651-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21747398

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR William Ketcham, II

Mailing Address 8824 Wildflower Dr

City State Zip Code
 Cheyenne WY 82009-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: 21747399

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

82.00

TOTAL This Period (last page this line number only)

23123.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 62

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Vanguard		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	8		2	0	0	7														
Mailing Address PO Box 13750		Transaction ID: 21922570																					
City Philadelphia	State PA	Zip Code 19101	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1212.12</td> </tr> </table>	1212.12																			
1212.12																							
FEC ID number of contributing federal political committee. C		Interest																					
Name of Employer	Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">9719.71</td> </tr> </table>			9719.71																			
9719.71																							

SUBTOTAL of Receipts This Page (optional)

1212.12

TOTAL This Period (last page this line number only)

1212.12

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Help Elect America's Team PAC (HEAT PAC)

Mailing Address 499 S CAPITOL ST SW
STE 412

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21296403

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

B. Larson For Congress

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Candidate Name
Rep. John Larson

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21282693

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

4000.00

011
Category/
Type

C. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

Candidate Name
Rep. Joseph R. Pitts

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 16

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 21400470

Date of Disbursement

09 / 08 / 2007

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 6

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21320054

Date of Disbursement

09 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kenington State MD Zip Code 20895

Purpose of Disbursement

Candidate Name
Rep. Chris Van Hollen

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 8

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21011954

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kenington State MD Zip Code 20895

Purpose of Disbursement

Candidate Name
Rep. Chris Van Hollen

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 8

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21011957

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Red Rooster PAC

Mailing Address 228 S. Washington St.
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20860021

Date of Disbursement

M M / D D / Y Y Y Y
09 10 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

Candidate Name
Rep. Joseph Crowley

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 7

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21282701

Date of Disbursement

M M / D D / Y Y Y Y
09 10 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. People With Hart Inc

Mailing Address P.O. Box 435

City Wexford State PA Zip Code 15090

Purpose of Disbursement

Candidate Name
Rep. Melissa A. Hart

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21517302

Date of Disbursement

M M / D D / Y Y Y Y
09 12 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends of Max Baucus

Mailing Address Box 586

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name
Max Baucus

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 1

Transaction ID: 21296186

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Barbara Boxer

Mailing Address PO Box 641751

City
Los Angeles

State
CA

Zip Code
90064

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Barbara Boxer

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 2

Transaction ID: 21401443

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Citizens For Harkin

Mailing Address P O Box 811

City
Des Moines

State
IA

Zip Code
50304

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Tom Harkin

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 2

Transaction ID: 21319221

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Christopher Shays For Congress Committee

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

Candidate Name
Rep. Christopher Shays

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21517533

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

B. Matheson For Congress

Mailing Address 677 South 200 West
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name
Rep. James D. Matheson

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 2

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 21019037

Date of Disbursement

09 / 15 / 2007

Amount of Each Disbursement this Period

3000.00

011
Category/
Type

C. Mchenry For Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28601

Purpose of Disbursement

Candidate Name
Rep. Patrick McHenry

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 10

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 21256674

Date of Disbursement

09 / 15 / 2007

Amount of Each Disbursement this Period

500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Engel For Congress

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Eliot L. Engel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 17

Transaction ID: 21282697

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City State Zip Code
Murfreesboro TN 37133

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Bart Gordon

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 6

Transaction ID: 21521290

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City State Zip Code
Elmhurst NY 11373

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Joseph Crowley

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 7

Transaction ID: 21524754

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. John D. Dingell For Congress CommitteeMailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. John D. DingellOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 15

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 21283298

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	7	

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Jo Bonner For Congress Committee

Mailing Address P.O. Box 851232

City Mobile State AL Zip Code 36685

Purpose of Disbursement

Candidate Name
Rep. Jo BonnerOffice Sought: ☒ House
☐ Senate
☐ President

State: AL District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21521269

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	7	

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Citizens For Cochran

Mailing Address PO Box 7183

City Tupelo State MS Zip Code 38802

Purpose of Disbursement

Candidate Name
Sen. Thad CochranOffice Sought: ☐ House
☒ Senate
☐ President

State: MS District: 1

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 21296178

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	7	

Amount of Each Disbursement this Period

4000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Citizens For Cochran

Mailing Address PO Box 7183

City
Tupelo

State
MS

Zip Code
38802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Thad Cochran

Office Sought:

☐ House

☒ Senate

☐ President

State: MS

District: 1

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 21524756

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Salazar For Senate

Mailing Address PO Box 600

City
Denver

State
CO

Zip Code
80201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Ken Salazar

Office Sought:

☐ House

☒ Senate

☐ President

State: CO

District: 2

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 21517337

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tiberi For Congress

Mailing Address 2021 E Dublin Granville Road
Suite 2000

City
Columbus

State
OH

Zip Code
43229

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Patrick Tiberi

Office Sought:

☒ House

☐ Senate

☐ President

State: OH

District: 12

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 21521257

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City
Charlotte

State
NC

Zip Code
28237

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sue Wilkins Myrick

Office Sought:

☒

House

☐

Senate

☐

President

State: NC

District: 9

Disbursement For:

2008

☐

Primary

☒

General

☐

Other (specify) ▼

Transaction ID: 21517729

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Majority Initiative To Keep Electing Republicans F

Mailing Address PO Box 65796

City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

General

☐

Primary

☐

Other (specify) ▼

Transaction ID: 21525370

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Diana DeGette

Office Sought:

☒

House

☐

Senate

☐

President

State: CO

District: 1

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 21517301

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of John Peterson

Mailing Address 114 W. State Street
PO Box 295

City Pleasantville State PA Zip Code 16341

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John E. Peterson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 5

Transaction ID: 21525128

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Committee for Hispanic Causes (CHC Bold PAC)

Mailing Address 1831 Bay Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21296240

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charles W. Dent

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: 21296457

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Moran For Congress

Mailing Address 44 Canal Center Plaza 2nd Flr
2nd Floor

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
Rep. James P. Moran

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 8

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21525368

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Inslee For Congress

Mailing Address PO Box 33027

City Seattle State WA Zip Code 98133

Purpose of Disbursement

Candidate Name
Rep. Jay Inslee

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21525366

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

3000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Coleman For Senate 08

Mailing Address 7300 Hudson Blvd Suite 270a

City St Paul State MN Zip Code 55128

Purpose of Disbursement

Candidate Name
Sen. Norm Coleman

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21517730

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Coleman For Senate 08

Mailing Address 7300 Hudson Blvd Suite 270a

City
St Paul

State
MN

Zip Code
55128

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Norm Coleman

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 1

Transaction ID: 21517731

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Hulshof For Congress - District 09 Missouri

Mailing Address PO Box 1621

City
Columbia

State
MO

Zip Code
65205

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Kenny C. Hulshof

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 9

Transaction ID: 21520825

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. New Republican Majority Fund

Mailing Address 201 North Union Street Suite 530

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21519615

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Boyd For Congress

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement

Candidate Name
Mr. F Allen Boyd

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21518711

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement

Candidate Name
Rep. John S. Tanner

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 8

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21283278

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Artur Davis To Congress, The

Mailing Address PO Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

Candidate Name
Rep. Artur Davis

Office Sought: ☒ House
☐ Senate
☐ President

State: AL District: 7

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21519665

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Patrick J Kennedy Inc

Mailing Address P.O. Box 321

City
Pawtucket

State
RI

Zip Code
02862

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Patrick J. Kennedy

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: RI

District: 1

Transaction ID: 21296475

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 South 5th Ave
Suite 428

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 3

Transaction ID: 21520846

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 South 5th Ave
Suite 428

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: WI

District: 3

Transaction ID: 21520931

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City
Columbia

State
SC

Zip Code
29211

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. James Clyburn

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 6

Transaction ID: 21519552

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hobson For Congress

Mailing Address 82 West Columbia

City
Springfield

State
OH

Zip Code
45503

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. David L. Hobson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 7

Transaction ID: 21283198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City
Bangor

State
ME

Zip Code
04402

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Susan M. Collins

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 2

Transaction ID: 21521213

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Tom Davis For Congress

Mailing Address 6429 Downing Court

City Annandale State VA Zip Code 22003

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thomas M. Davis, III

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: 21521237

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Michael Thompson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 1

Transaction ID: 21521250

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Blanche Lambert Lincoln

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 1

Transaction ID: 21283103

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Herseth For Congress

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Candidate Name
Rep. Stephanie Herseth

Office Sought: ☒ House
☐ Senate
☐ President

State: SD District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21283193

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Senate Victory Fund

Mailing Address P.O. Box 7274

City Tupelo State MS Zip Code 38802

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21574921

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement

Candidate Name
Rep. Joseph Courtney

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 21580122

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City
Charlotte

State
NC

Zip Code
28237

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sue Wilkins Myrick

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 9

Transaction ID: 21296474

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City
Charlotte

State
NC

Zip Code
28237

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sue Wilkins Myrick

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 9

Transaction ID: 21517715

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Marsha Blackburn

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: TN

District: 7

Transaction ID: 21311620

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

109000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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for each category of the
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21912350

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2007

Amount of Each Disbursement this Period

800.99

bank fees

SUBTOTAL of Disbursements This Page (optional)

800.99

TOTAL This Period (last page this line number only)

800.99